

The Delaware Developmental Disabilities Council strongly opposes physician-assisted suicide for people with disabilities and believe it requires strong and absolute vigilance.

ISSUE

Physician-assisted suicide legislation endangers people with disabilities who may have conditions that some consider life limiting. Supporters frequently focus on the “indignity” of needing help to eat, move, or take medications. In Oregon, which passed nearly identical legislation, 90% of those who died from physician-assisted suicide in 2019 cited decreasing ability to participate in activities (disability issues), or loss of autonomy (87%) as a motivation. Less than 28% cited concerns about pain control which is often used for justification for this type of legislation.

Major problems that exist are:

- Society often incorrectly perceives that people with disabilities, by definition, have a poor quality of life.
- The documented history of denial of basic rights and medical care, including nutrition and hydration, places the lives of people with disabilities at extraordinary risk.
- Despite well-intended existing and proposed laws and safeguards, people in general, and more often, people with disabilities, are often unduly influenced by authority figures such as doctors, health care workers, social workers, family, guardian/conservators, and friends, resulting in a lack of true informed consent.
- The current system of health services, particularly managed care, provides economic incentives for rationing health care, and can lead to the encouragement of physician-assisted suicide.

Public perception on this issue is sometimes confused with specific issues related to advance directives or choosing to refuse further treatment. Physician assisted suicide legislation means a physician would actively assist an individual to commit suicide if a prognosis of natural death is

assumed to occur in less than 6 months. People will continue to be able to self-direct their plans for care at the end of life.

POSITION

We strongly oppose physician-assisted suicide for people with disabilities and believe it requires strong and absolute vigilance because:

- Because of the many risks articulated above, the death of any person with a disability by way of physician-assisted suicide is never acceptable and should not be allowed by law under any circumstances.
- Laws, procedures and “safeguards”, however strict, are not sufficient to protect people with disabilities from being coerced into ending their lives. Although legislation claims to limit its scope to people who have a terminal illness, doctors typically cannot make six-month prognoses with an acceptable level of certainty. The disability community is full of people who have outlived a six-month prognosis. Some by decades.
- When the person is seriously ill and in pain, the use of appropriate medical or palliative care to reduce and/or eliminate pain and discomfort can and must be provided. When people are offered the option of suicide, but not the option of affordable home care, they do not have any meaningful choice.
- People with significant disabilities should not have to die in order to have dignity. Instead, they need access to the things that help them make the most of their lives; quality palliative care (if needed), respectful and adequate in-home supports, counseling, and assistive technology to maximize autonomy.

LET'S FOCUS ON AID IN LIVING, NOT AID IN DYING

Some excerpts taken from the Autistic Self Advocacy Network position paper on assisted suicide, along with the National ARC.